



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE <i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

PLUMBERS EXAMINING BOARD
PLUMBERS EXAMINATION APPLICATION
Required Fee: \$25.00

EXAMINATION TYPE:

- ☐ Master
☐ Journeyman

Office Use Only:

1446-\$25.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	FIRST	MIDDLE INITIAL	LAST
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
SIGNATURE		DATE	

Do you or have you ever held any type of plumbers license? ☐Yes ☐No

If yes, what type of license? _____ In what state? _____

License Number: _____ Date of Expiration: _____

TRAINING AND EDUCATION

Please complete this section by listing all plumbing related classes or courses you have completed, and **submit proof of completion** by diploma, certificate or transcript.

EDUCATION AND TRAINING	FROM MO. YR.	TO MO. YR.	PLUMBING RELATED COURSES COMPLETED
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL, TECHNICAL SCHOOL OR INSTITUTE			
OTHER			
ADDITIONAL COURSES			

EMPLOYMENT RECORD: Please state the day/month/year you started working for the Master Plumber and when you terminated service, or if you are presently working for that Master.

Name of Master Plumber:		
Mailing Address of Master Plumber:		
City:	State:	Zip Code:
As a TRAINEE PLUMBER from: _____ to _____		
As a JOURNEYMAN PLUMBER from: _____ to _____		

Name of Master Plumber:		
Mailing Address of Master Plumber:		
City:	State:	Zip Code:
As a TRAINEE PLUMBER from: _____ to _____		
As a JOURNEYMAN PLUMBER from: _____ to _____		

Name of Master Plumber:		
Mailing Address of Master Plumber:		
City:	State:	Zip Code:
As a TRAINEE PLUMBER from: _____ to _____		
As a JOURNEYMAN PLUMBER from: _____ to _____		

Name of Master Plumber:		
Mailing Address of Master Plumber:		
City:	State:	Zip Code:
As a TRAINEE PLUMBER from: _____ to _____		
As a JOURNEYMAN PLUMBER from: _____ to _____		

ALL HOURS ARE REQUIRED TO BE VERIFIED BY THE MASTER PLUMBER(S) ON AN AFFIDAVIT PROVIDED BY THE BOARD.

35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
TELEPHONE: (207) 624-8627

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:
Type of Examination (Check One): <input type="checkbox"/> Master Plumber <input type="checkbox"/> Journeyman Plumber		

FALSIFICATION OF THIS AFFIDAVIT COULD RESULT IN INVESTIGATION OF THE UNDERSIGNED'S MASTER PLUMBER'S LICENSE.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 122 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.